

APPENDIX F

BATCH VAPOR AND IN-LINE MACHINE REPORTING FORMS

**[NOTE: NONE OF THESE FORMS ARE REQUIRED,
THE USE OF THESE FORMS IS OPTIONAL.]**

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HALOGENATED SOLVENT CLEANER NESHAP

Initial Notification Report for Existing* Machines

PART ONE - General Information

Person Preparing Report: _____ Date _____
Last Name, First Name, Middle Initial

Company Name _____

Mailing Address _____
Number, Street, City/Town, State, Zip Code

Equipment
Location Address _____
Number, Street, City/Town, State, Zip Code

Cleaning Machine Summary

Identification Number

Description

***Existing cleaning machines are cleaners installed on or before November 29, 1993.**

HALOGENATED SOLVENT CLEANER NESHAP

Initial Notification Report for Existing* Machines

PART TWO - Information Required per Machine
(Make copies for additional machines as necessary)

Cleaner Identification Number: _____

1. Type of machine (check one):
☐ Batch vapor ☐ In-line
2. Solvent/air interface area _____ square meters (or square inches)
3. Existing controls

<input type="checkbox"/> Freeboard ratio of 1.0	<input type="checkbox"/> Carbon adsorber
<input type="checkbox"/> Freeboard refrigeration device	<input type="checkbox"/> Reduced room draft
<input type="checkbox"/> Super-heated vapor	<input type="checkbox"/> Dwell
<input type="checkbox"/> Working-mode cover	
<input type="checkbox"/> Other _____	

Control
4. Date of installation (attach documentation) _____
5. Anticipated compliance approach

<input type="checkbox"/> Basic equipment standard	<input type="checkbox"/> Idling emission standard
<input type="checkbox"/> Alternative standard	
6. Annual estimate of halogenated HAP solvent consumption
_____ kilograms/year (or pounds/year)

***Existing cleaning machines are cleaners installed on or before November 29, 1993.**

HALOGENATED SOLVENT CLEANER NESHAP

Initial Notification Report for New* Machines (Application for Approval of Construction or Reconstruction)

PART ONE - General Information

Person Preparing Report: _____ Date _____
Last Name, First Name, Middle Initial

Company Name _____

Mailing Address _____
Number, Street, City/Town, State, Zip Code

Equipment
Location Address _____
Number, Street, City/Town, State, Zip Code

Cleaning Machine Summary

Identification Number

Description

*New cleaning machines are cleaners installed after November 29, 1993.

HALOGENATED SOLVENT CLEANER NESHAP

Initial Notification Report for New* Machines (Application for Approval of Construction or Reconstruction)

PART TWO - Information Required per Machine
(Make copies for additional machines as necessary)

1. Type of machine intended for construction/reconstruction (check one):
☐ Batch vapor ☐ Cold in-line ☐ Vapor in-line
2. Solvent/air interface area _____ square meters (or square inches)
3. Intended controls

<input type="checkbox"/> Freeboard ratio of 1.0	<input type="checkbox"/> Carbon adsorber
<input type="checkbox"/> Freeboard refrigeration device	<input type="checkbox"/> Reduced room draft
<input type="checkbox"/> Super-heated vapor	<input type="checkbox"/> Dwell
<input type="checkbox"/> Working-mode cover	<input type="checkbox"/> Other _____

Control
4. Proposed construction or reconstruction commencement date _____
5. Expected construction or reconstruction completion date _____
6. Anticipated date of initial startup _____
7. Anticipated compliance approach

<input type="checkbox"/> Basic equipment standard	<input type="checkbox"/> Idling emission standard
<input type="checkbox"/> Alternative standard	
8. Annual estimate of halogenated HAP solvent consumption
_____ kilograms/year (or pounds/year)

*New cleaning machines are cleaners installed after November 29, 1993.

HALOGENATED SOLVENT CLEANER NESHAP:

Initial Statement of Compliance for Machines Complying with the Equipment Standard

PART ONE - General Information

Person Preparing Report _____ Date _____
Last Name, First Name, Middle Initial

Company Name _____

Mailing Address _____
Number, Street, City/Town, State, Zip Code

Intended Equipment
Location Address _____
Number, Street, City/Town, State, Zip Code

Cleaning Machine Summary

Identification Number

Description

HALOGENATED SOLVENT CLEANER NESHAP:

Initial Statement of Compliance for Machines Complying with the Equipment Standard

PART TWO - Information Required per Cleaning Machine
(Make copies for additional machines as necessary)

-
-
1. Type of machine (check one):
☐ Batch vapor ☐ In-line
 2. Solvent/air interface area _____ square meters (or square feet)
 3. Equipment Standard Compliance Method chosen
☐ Control combination
☐ Idling emission limit (idling emission limit test report attached)
 4. Control equipment used to comply with the rule

<input type="checkbox"/> Freeboard ratio of 1.0	<input type="checkbox"/> Carbon adsorber
<input type="checkbox"/> Freeboard refrigeration device	<input type="checkbox"/> Reduced room draft
<input type="checkbox"/> Super-heated vapor	<input type="checkbox"/> Dwell
<input type="checkbox"/> Working-mode cover	<input type="checkbox"/> Other _____ Control
<input type="checkbox"/> Other	<input type="checkbox"/> Other _____ Control

5. Monitored Parameters and Values:

Control (check all that applies)	Measured Parameter	Compliance Parameter Value
___ Freeboard Refrigeration Device	C Temperature at the center of the air blanket while idling	C # 30 percent of the solvent boiling point
___ Cover (Working mode and idling-mode)	C Use, function and integrity	C Opens and closes properly
		C Closed except during parts entry and removal
		C Closes completely
		C Free of cracks, holes, or other defects
___ Dwell	C Period of time parts are held in the solvent cleaning freeboard area above the vapor zone after being cleaned.	C Determined for each of your parts or parts baskets you clean, or
		C Determined using the most complex part type or parts baskets you clean.
___ Superheated Vapor System	C Temperature at the center of the super-heated vapor zone while idling	C At least 10°F above the solvent's boiling point
___ Reduced Room Draft	C Windspeed - Room parameters (e.g., enclosure*) 1. _____ 2. _____ 3. _____ 4. _____	C # 15.2 meters per minute (50 feet per minute) 1. _____ 2. _____ 3. _____ 4. _____
*If a full or partial enclosure is used to achieve the reduced room draft for your cleaning machine, attached the initial monitoring test.		
___ Carbon Adsorber	C Working-mode exhaust halogenated solvent concentration (weekly measurement records of the exhaust halogenated solvent concentration attached)	C # 100 ppm
___ Other		

HALOGENATED SOLVENT CLEANER NESHAP:

Initial Statement of Compliance for Machines Complying with the Alternative Standard

PART ONE - General Information

Person Preparing Report _____ Date: _____
Last Name, First Name, Middle Initial

Company Name _____

Mailing Address _____
Number, Street, City/Town, State, Zip Code

Equipment
Location Address _____
Number, Street, City/Town, State, Zip Code

Cleaning Machine Summary

Identification Number

Description

HALOGENATED SOLVENT CLEANER NESHAP

Initial Statement of Compliance for Machines Complying with the Alternative Standard

PART TWO - Information Required per Machine
(Make copies for additional machines as necessary)

Cleaner Identification Number: _____

1. Type of machine (check one):
☐ Batch vapor ☐ In-line
2. a) Solvent/air interface area: _____ square meters (or square feet), or

b) Cleaning capacity: _____ cubic meters (or cubic feet), if your cleaning machine does not have a solvent/air interface area (calculation method and results for this determination attached).
3. The first 3-month average emissions is _____ kilograms per month (or pounds per month) (calculation sheets are attached).

HALOGENATED SOLVENT CLEANER NESHAP:

Annual Report

PART ONE - General Information

Person Preparing Report _____ Date _____
Last Name, First Name, Middle Initial

Company Name _____

Mailing Address _____
Number, Street, City/Town, State, Zip Code

Intended Equipment
Location Address _____
Number, Street, City/Town, State, Zip Code

Cleaning Machine Summary

Identification Number

Description

HALOGENATED SOLVENT CLEANER NESHAP

Annual Report

PART TWO - Information Required per Machine
(Make copies for additional machines as necessary)

Cleaner Identification Number: _____

Check compliance option chosen and fill out appropriate report requirements.

G Control Options

All operators of solvent cleaning machines have received training on the proper operation of solvent cleaning machines and their control devices sufficient to pass the required operator test.

Signature

Date

Previous Year's Solvent Consumption _____ kg/yr (or lb/yr).

G Alternative Standard

Cleaning machine size:

Solvent-air interface area _____ m² (or ft²)

or

Solvent cleaning capacity _____ m³ (or ft³)

Average monthly solvent consumption _____ kg (or lb)

Three month rolling
average emission estimates:
(calculations attached)

1.	_____ kg(or lb)	From	_____	To	_____
			Date		Date
2.	_____ kg (or lb)	From	_____	To	_____
			Date		Date
3.	_____ kg (or lb)	From	_____	To	_____
			Date		Date

HALOGENATED SOLVENT CLEANER NESHAP:

Exceedance Report

PART ONE - General Information

Person Preparing Report _____ Date _____
Last Name, First Name, Middle Initial

Company Name _____

Mailing Address _____
Number, Street, City/Town, State, Zip Code

Intended Equipment
Location Address _____
Number, Street, City/Town, State, Zip Code

Cleaning Machine Summary

Identification Number

Description

HALOGENATED SOLVENT CLEANER NESHAP

Exceedance Report

PART TWO - Information Required per Machine
(Make copies for additional machines as necessary)

Cleaner Identification Number: _____

Check appropriate box and answer the requested information.

G Exceedance

Exceedance that occurred: _____

Date of occurrence: _____

Actions taken:

Results of actions: _____

G No exceedance occurred.